

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>69/719449</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing			\$ <u>320 -</u>						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>320 -</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--			
		--								
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Diane Martin</u>		TITLE: _____								
SIGNATURE: _____		PHONE: <u>308-9485</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>1/16/07</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

Serial Number 09/714449
Date 1/11/01

Team 4

Data needed for keying this Application:
Please check what is wrong with the case

Scanners

- ☐ 1. Application missing
- ☐ 2. Sheet's missing from Application, pages _____
- ☐ 3. Declaration / Oath missing
- ☐ 4. Drawing or Figures missing
- ☐ 5. Filing date not correct, should be ____/____/____

Classifiers

- ☐ 1. Group Art Unit, Class
- ☐ 2. Foreign Filing License Granted
- ☐ 3. Screening

RAM

- ☐ 1. Filing Fee not correct, should be \$ _____ code _____
- ☐ 2. Serial number was posted incorrectly, correct no. _____
- ☐ 4. No initial authorization to charge this account
- ☒ 5. Refund \$ 320 from code 102
- ☐ 6. Change of codes _____ \$ _____ to code _____ \$ _____
- ☐ 7. Check or Charge \$ 10864 code 103
- ☐ 8. Claims are counted incorrectly
- ☐ 9. Preliminary Amendment adds or cancels claims/multiple claims deleted or added
- ☐ 10. Applicants is / is not entitled to Small Entity Fees

Customer Service

- ☐ 1. Customer Number

Team Cases

- ☐ 1. Revocation
- ☐ 2. Bad Bar Code Label
- ☐ 3. Wrong Status from _____ to status _____
- ☐ 4. Reset date on letter
- ☐ 5. Retention goes to Doshie
- ☐ 6. Express Abandon goes to Doshie

Diane Martin